

207F ESA - First Installment

Estimated Insurance Premiums Tax Payment Coupon
Foreign and Nonresident Insurance Companies

STATE OF CONNECTICUT
DEPARTMENT OF REVENUE SERVICES
PO Box 2990 Hartford CT 06104-2990

Organized Under Laws of
FOR CALENDAR YEAR ENDING

(Rev. 12/00)

| | | | | | |
|------------------------------------|---|--|---|--|--|
| CT Insurance Premiums Tax Reg. No. | 1 | Tax shown on 2000 Form 207F, Line 13 | 1 | | |
| Date Received (DRS USE ONLY) | 2 | Multiply the tax that will be shown on 2001 Form 207F by 90% (.90) | 2 | | |
| | 3 | Required annual payment (Enter the lesser of Line 1 or Line 2) | 3 | | |
| Federal Employer ID Number | 4 | Multiply Line 3 by 30% (.30) | 4 | | |
| | 5 | Overpayment from prior year applied to this estimate | 5 | | |
| | 6 | Payment due with this coupon (Subtract Line 5 from Line 4) | 6 | | |

Please change
name or
mailing
address, or
both,
if shown
incorrectly
at right

DUE DATE: March 15

MAKE CHECKS PAYABLE TO:
COMMISSIONER OF REVENUE SERVICES

MAIL TO: Department of Revenue Services
Processing Section
PO Box 2990
Hartford CT 06104-2990

207F ESB - Second Installment

Estimated Insurance Premiums Tax Payment Coupon
Foreign and Nonresident Insurance Companies

STATE OF CONNECTICUT
DEPARTMENT OF REVENUE SERVICES
PO Box 2990 Hartford CT 06104-2990

Organized Under Laws of
FOR CALENDAR YEAR ENDING

(Rev. 12/00)

| | | | | | |
|------------------------------------|---|---|---|--|--|
| CT Insurance Premiums Tax Reg. No. | 1 | Tax shown on 2000 Form 207F, Line 13 | 1 | | |
| Date Received (DRS USE ONLY) | 2 | Multiply the tax that will be shown on 2001 Form 207F by 90% (.90) | 2 | | |
| | 3 | Required annual payment (Enter the lesser of Line 1 or Line 2) | 3 | | |
| Federal Employer ID Number | 4 | Multiply Line 3 by 60% (.60) | 4 | | |
| | 5 | Amount paid with Form 207F ESA plus overpayment from prior year applied to estimated tax for current year | 5 | | |
| | 6 | Payment due with this coupon (Subtract Line 5 from Line 4) | 6 | | |

Please change
name or
mailing
address, or
both,
if shown
incorrectly
at right

DUE DATE: June 15

MAKE CHECKS PAYABLE TO:
COMMISSIONER OF REVENUE SERVICES

MAIL TO: Department of Revenue Services
Processing Section
PO Box 2990
Hartford CT 06104-2990

207F ESC - Third Installment

Estimated Insurance Premiums Tax Payment Coupon
Foreign and Nonresident Insurance Companies

STATE OF CONNECTICUT
DEPARTMENT OF REVENUE SERVICES
PO Box 2990 Hartford CT 06104-2990

Organized Under Laws of
FOR CALENDAR YEAR ENDING

(Rev. 12/00)

| | | | | | |
|------------------------------------|---|---|---|--|--|
| CT Insurance Premiums Tax Reg. No. | 1 | Tax shown on 2000 Form 207F, Line 13 | 1 | | |
| Date Received (DRS USE ONLY) | 2 | Multiply the tax that will be shown on 2001 Form 207F by 90% (.90) | 2 | | |
| | 3 | Required annual payment (Enter the lesser of Line 1 or Line 2) | 3 | | |
| Federal Employer ID Number | 4 | Multiply Line 3 by 80% (.80) | 4 | | |
| | 5 | Amount paid with Forms 207F ESA and 207F ESB plus overpayment from prior year applied to estimated tax for current year | 5 | | |
| | 6 | Payment due with this coupon (Subtract Line 5 from Line 4) | 6 | | |

Please change
name or
mailing
address, or
both,
if shown
incorrectly
at right

DUE DATE: September 15

MAKE CHECKS PAYABLE TO:
COMMISSIONER OF REVENUE SERVICES

MAIL TO: Department of Revenue Services
Processing Section
PO Box 2990
Hartford CT 06104-2990

207F ESD - Fourth Installment

Estimated Insurance Premiums Tax Payment Coupon
Foreign and Nonresident Insurance Companies

STATE OF CONNECTICUT
DEPARTMENT OF REVENUE SERVICES
PO Box 2990 Hartford CT 06104-2990

Organized Under Laws of
FOR CALENDAR YEAR ENDING

(Rev. 12/00)

| | | | | | |
|------------------------------------|---|--|---|--|--|
| CT Insurance Premiums Tax Reg. No. | 1 | Tax shown on 2000 Form 207F, Line 13 | 1 | | |
| Date Received (DRS USE ONLY) | 2 | Multiply the tax that will be shown on 2001 Form 207F by 90% (.90) | 2 | | |
| | 3 | Required annual payment (Enter the lesser of Line 1 or Line 2) | 3 | | |
| Federal Employer ID Number | 4 | Amount paid with Forms 207F ESA, 207F ESB, and 207F ESC plus overpayment from prior year applied to estimated tax for current year | 4 | | |
| | 5 | Payment due with this coupon (Subtract Line 4 from Line 3) | 5 | | |

Please change
name or
mailing
address, or
both,
if shown
incorrectly
at right

DUE DATE: December 15

MAKE CHECKS PAYABLE TO:
COMMISSIONER OF REVENUE SERVICES

MAIL TO: Department of Revenue Services
Processing Section
PO Box 2990
Hartford CT 06104-2990

GENERAL INSTRUCTIONS

WHO MUST FILE THIS COUPON

Each foreign or nonresident insurance company that is carrying on an insurance business in Connecticut and whose expected current year tax liability is \$1,000 or more.

Do not file this coupon if the expected current year liability is less than \$1,000.

REQUIRED ANNUAL PAYMENT

Required Annual Payment means the lesser of:

- (1) 90% (.90) of the tax (including retaliatory tax) that will be shown on 2001 Form 207F; or
- (2) 100% of the tax shown on your 2000 Form 207F, Line 13.

PAYMENT DUE WITH THIS COUPON

Thirty percent (30%) of the required annual payment less any overpayment from a prior year.

INTEREST

If the payment, together with all prior payments, does not equal 30% (.3) of the required annual payment, interest accrues at the rate of 1% (.01) per month (or fraction of a month) on the underpaid amount.

GENERAL INSTRUCTIONS

WHO MUST FILE THIS COUPON

Each foreign or nonresident insurance company that is carrying on an insurance business in Connecticut and whose expected current year tax liability is \$1,000 or more.

Do not file this coupon if the expected current year liability is less than \$1,000.

REQUIRED ANNUAL PAYMENT

Required Annual Payment means the lesser of:

- (1) 90% (.90) of the tax (including retaliatory tax) that will be shown on 2001 Form 207F; or
- (2) 100% of the tax shown on your 2000 Form 207F, Line 13.

PAYMENT DUE WITH THIS COUPON

Sixty percent (60%) of the required annual payment less any estimated payment and any overpayment from a prior year.

INTEREST

If the payment, together with all prior payments, does not equal 60% (.6) of the required annual payment, interest accrues at the rate of 1% (.01) per month (or fraction of a month) on the underpaid amount.

GENERAL INSTRUCTIONS

WHO MUST FILE THIS COUPON

Each foreign or nonresident insurance company that is carrying on an insurance business in Connecticut and whose expected current year tax liability is \$1,000 or more.

Do not file this coupon if the expected current year liability is less than \$1,000.

REQUIRED ANNUAL PAYMENT

Required Annual Payment means the lesser of:

- (1) 90% (.90) of the tax (including retaliatory tax) that will be shown on 2001 Form 207F; or
- (2) 100% of the tax shown on your 2000 Form 207F, Line 13.

PAYMENT DUE WITH THIS COUPON

Eighty percent (80%) of the required annual payment less any estimated payments and any overpayment from a prior year.

INTEREST

If the payment, together with all prior payments, does not equal 80% (.8) of the required annual payment, interest accrues at the rate of 1% (.01) per month (or fraction of a month) on the underpaid amount.

GENERAL INSTRUCTIONS

WHO MUST FILE THIS COUPON

Each foreign or nonresident insurance company that is carrying on an insurance business in Connecticut and whose expected current year tax liability is \$1,000 or more.

Do not file this coupon if the expected current year liability is less than \$1,000.

REQUIRED ANNUAL PAYMENT

Required Annual Payment means the lesser of:

- (1) 90% (.90) of the tax (including retaliatory tax) that will be shown on 2001 Form 207F; or
- (2) 100% of the tax shown on your 2000 Form 207F, Line 13.

PAYMENT DUE WITH THIS COUPON

One hundred percent (100%) of the required annual payment less any estimated payments and any overpayment from a prior year.

INTEREST

If the payment, together with all prior payments, does not equal 100% (1.0) of the required annual payment, interest accrues at the rate of 1% (.01) per month (or fraction of a month) on the underpaid amount.

